

## Special Districts/County Fire Non-Represented ALL BENEFITS ARE PER PAY PERIOD UNLESS OTHERWISE NOTED

| Representation                            | Non-Represented  |  |
|---|--|--|
| Compensation Plan                         | 2015   |  |
| Health and Welfare                        |  |  |
| Benefit Level                             | Full Time (61 - 80 hours)  |  |
| Medical Premium Subsidy (MPS)             | Employee Only – Blue Shield \$194.90<br>Employee Only – Kaiser \$230.25<br>Employee + 1 \$345.66<br>Employee + 2 \$473.70  |  |
| Dental Premium Subsidy (DPS)              | Employee Only enrolled prior to 7/9/05 up to \$19.72<br>Employee Only enrolled after 7/9/05 up to \$9.46<br>Employee + 1 up to \$9.46<br>Employee + 2 up to \$9.46 |  |
| Medical Opt-Out/Waive                     | Opt-Out before 7/9/05 \$133.85<br>Waive before 7/9/05 \$190.00<br>Opt-out/Waive after 7/9/05 \$40.00   |  |
| Vision                                    | Employer Paid for Employee & Dependent Coverage  |  |
| Life Insurance Employer Paid              | All employees except Supervisory: \$25,000<br>Employees in a Supervisory Classification: \$35,000  |  |
| Voluntary Term Life                       | Employee: \$10,000 - \$700,000<br>Spouse/Domestic Partner: \$10,000 - \$250,000<br>Child(ren): \$5,000 - \$20,000  |  |
| Voluntary AD&D                            | Employee: \$10,000 - \$250,000<br>Spouse/Domestic Partner: \$5,000 - \$125,000<br>Child(ren): \$3,125 - \$25,000   |  |
| Leave Provisions                          |  |  |
| Vacation                                  | 80-160 hours/year, w/cash-out option up to 60 hours/year if 80 hours of vacation used in previous year   |  |
| Sick                                      | 3.69 hours/pay period  |  |
| Holiday                                   | 13 + 1 floating/year   |  |
| Bereavement                               | 2 days per occurrence<br>(3 days if traveling > 1,000 miles)   |  |
| Annual/Administrative<br>Supervisory Only | 40 Hours Administrative (One opportunity during employment to exercise cash-out)   |  |
| Perfect Attendance                        | 40 Hours Annual, w/no cash-out option  Annual Gym Membership up to \$299  -OR-  16 hours of Perfect Attendance Leave   |  |

| Retirement   |   |  |
|--|---|--|
| Tier I (Hired prior to 1/1/2013, reciprocity provision may apply)      | 2% at age 55  |  |
| Tier II  (Hired on or after 1/1/2013, reciprocity provision may apply) | 2.5% at age 67  |  |
| Retirement - Other   |   |  |
| <b>457(b)</b> Eligible to enroll at any time                           | Eligible after one year of continuous service in a regular position County matching contribution $1/2$ times employee contribution, up to $1/2$ %   |  |
| Retirement Medical Trust Fund –<br>Sick Leave Conversion               | Sick Leave Conversion Employees become eligible to convert a portion of their sick leave to the Retirement Medical Trust upon attaining 10 or more years of participation with SBCERA and/or other public retirement system(s). |  |
| Retirement Medical Trust Fund –<br>Employer Contribution               | Employer Contribution based on years of continuous District service:  10-14 years = 1.00% of biweekly base salary  15-19 years = 1.25% of biweekly base salary  20+ years = 1.50% of biweekly base salary                       |  |
| Other  |   |  |
| 529 Education Savings Plan   | Eligible  |  |
| Tuition Reimbursement  | First come first serve basis not to exceed \$1,650/fiscal year  |  |
| Dependent Care Assistance Plan   | Eligible  |  |
| Flexible Spending Account (FSA)  | Annual maximum contribution of \$2,600  |  |
| Qualified Transportation Plan  | Pre-tax-deductions of up to \$260/month for qualified transportation (commuter) expenses  |  |
| State Disability Insurance   | Employer Paid for clerical assigned to Crestline Sanitation and for employees in Regular positions assigned to Hazardous Materials Division   |  |
|  | All other employees: Employee Paid  |  |

Special Districts/County Fire provides *Premium Subsidies* to help off-set the cost of your medical and dental premiums.

**Example #1:** An Administrative Secretary elects Blue Shield Signature HMO and DeltaCare USA HMO plans with Employee Only coverage.

\$250.96 (combined cost of premiums)

- \$194.90 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)

\$ 46.60 (out-of-pocket cost)

**Example #2:** An Automated Systems Analyst elects Kaiser Permanente and Delta Dental PPO plans with Employee + 2 or more coverage.

\$898.55 (combined cost of premiums)

- \$473.70 (medical premium subsidy)
- \$ 9.46 (dental premium subsidy)

\$415.39 (out-of-pocket cost)